									Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003) <i>:</i>	16	533	34
									ENTI	TY	OR	OTHER	THAN ENTITY
TOTAL CLAIMS			1*					RATE		ΕĒ]	RATE	FEE ·
FOR			NUMBER FILED		NUMBER EXTRA		1	BASIC F	EE 38	5.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			/ minus 20=		•		•	XS 9=			OR	XS18=	
INDEPENDENT CLAIMS			5 minus 3 =		.2			X43±		•		X86=	117
ML	ILTIPLE DEPEN	IDENT CLAIM P	RESENT	·						•	OR	200	10
• 16	the difference	in column 1 is	less than 2	ess than zero, enter "0" in column 2				+145:			OR	+290=	5/191
CLAIMS AS AMENDED - PART II									٠ ــ ــ		OR	TOTAL	UH D
7.	-7-06	LAIMS AS A (Column 1)	T nn 2}	(Column 3))	SMAL	L ENT	TY	OR	OTHER SMALL I			
AMENDMENT A		CLAIMS REMAINING AFTER		HIGHI NUME PREVIO	EST BER DUSLY	PRESENT EXTRA		RATE	TIC	DDI- DNAL EE		RATE	ADDI- TIONAL FEE
	Total:	AMENDMENT .	Minus	- 2	<u> </u>	= (1	XS 9=			OR	X\$18=	
MEN	Independent	. 3	Minus	G	5	-).	1	X43≈	-			X86=	
V	FIRST PRESE	NTATION OF MI	ULTIPLE DE	PENDENT	CLAIM	/]		+-		ЮR		
								+145=			OR	+290=	
	•							ADDIT. FE			OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)											`		
AMENDMENT B	1-5-7	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID	BER	PRESENT EXTRA		RATE	TIO	DI- NAL EE		RATE	ADDI- TIONAL FEE
	Total	- 18	Minus	-21)	-/,		XS 9≃	1.		OR	X\$18=	/
ME	Incependent	• 5	Minus	-5		/3/		X43=			OR	X85=	
	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	PENDENT	CLAHA		J	+145=			OR	+290≖	
Ti ADDIT.									E		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colum		(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOUS PAID F	IER USLY	PRESENT EXTRA		RATE	AD TIOI FE	VAL		RATE	ADDI- TIONAL FEE
	Total	•	Minus			=		X\$ 9=		\neg	OR	X\$18=	
ME	Independent		Minus	***	•	3		X43=	1		12	X86=	
٦ [FIRST PRESE	NTATION OF MU	LTIPLE DEF	PENDENT	CLAIM		 		+		OR		
* If the entry in column 1 is tess than the entry in column 2, write "0" in column 3.													
~~ H	the "Highest Nur	nber Previously Pai	id For IN THIS	S SPACE is	less that	20. enter "20."	• ,	TOTAL LODIT. FEE			OR ,	TOTAL ODIT. FEE	
		ber Previously Paid					r tou	nd in the a	poropria	te box	in cot	<i>រ</i> ការ 1.	